

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

04 — 05

2. STATE:

OKLAHOMA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

07-01-04

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440-10

7. FEDERAL BUDGET IMPACT:

a. FFY 2004 \$ 823,125b. FFY 2005 \$ 3,292,500

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-A, Page 3a

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Same page, Revised 01-01-04, TN# 03-17

10. SUBJECT OF AMENDMENT:

Inpatient hospital reimbursement increase for Level I Trauma Center hospitals

11. GOVERNOR'S REVIEW (Check One):

- ☒
- GOVERNOR'S OFFICE REPORTED NO COMMENT
-
- ☐
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
-
- ☐
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Mike Fogarty

14. TITLE:

Chief Executive Officer

15. DATE SUBMITTED:

September 10, 2004

16. RETURN TO:

Oklahoma Health Care Authority
attn: Jim Hancock
4545 N. Lincoln, Suite 124
Oklahoma City, OK 73105

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

SEP 15 2004

18. DATE APPROVED:

October 12, 2004

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

JUL - 1 2004

20. SIGNATURE OF REGIONAL OFFICIAL:

Dennis G. Smith

21. TYPED NAME:

DENNIS G. Smith

22. TITLE:

DIRECTOR, CMSO

23. REMARKS:

c: Mike Fogarty
Jim Hancock
Nancy Staffins

State: OKLAHOMA

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
FOR INPATIENT HOSPITAL SERVICES**

Effective 1-1-04, hospitals with facility-specific per diem rates below the statewide median will be increased to the statewide median. For Levels 7 and 8, in which the median rates (as defined on Page 3 of 4.19A) are peer grouped, the hospital specific rates that are below the peer group statewide median will be raised to the peer group statewide median. In addition, all level of care rates will be updated using a two (2%) percent factor.

Effective 7-1-04, all hospitals that qualify as Level I Trauma Centers as defined by the American College of Surgeons will receive a payment adjust of \$206 per day.

Revised 07-01-04

TN# 04-05 Approval Date OCT - 12 2004 Effective Date JUL - 1 2004
Supersedes
TN# 03-17